COURSE SCHEDULE

SCHOOL NAME: _____   **LOCATION:** _____

School Administrator: _____   _____
                                                    Name   Title

Phone number: _____

DATES: **FROM:** _____   **TO:** _____

- List all programs approved for Veterans Education.
- Do Not list courses that have not been approved for Veterans Education.
- Evening classes are excluded unless they contain the same number of clock hours as the approved daytime classes.
- Insert rows as required.
- Labs must be supervised in order to be counted into the total course clock hours.

Program Name	Approved Weeks (if other specify)	Approved Clock Hours	Course Name	Course Number	Clock Hours	Month	Dates	Days	Time	Actual Net Clock Hours	Lecture or Lab (specify)